

**ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY**

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**APPLICATION FOR  
RESTORATION OF LICENSE**

**Instructions: Please return this completed form to the Board Office (above address) to request restoration of license on inactive status.**

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The ABEMFT Administrative Code, **CHAPTER 536-X-8 BOARD POLICIES AND PROCEDURES**, states the following in reference to restoring a license:

**(3) Restoring a License**

- (a) Any person seeking restoration of a license that has been expired or placed on inactive status for 5 years or less may have the license restored by paying the fees required and providing proof of meeting continuing education requirements during the 2 years prior to restoration. The applicant shall also submit either:
- (1) Sworn evidence of active practice in another jurisdiction. Such evidence shall include a statement from an appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of active practice; or
  - (2) Evidence of having received within the past two (2) years, 50 hours of supervision under a supervisory arrangement approved by the Board.

**Please answer the following questionnaire and attach the required documentation to your application.**

1. Has your license been on inactive status for five years or less?  
☐ Yes Date: \_\_\_\_\_ ☐ No Date: \_\_\_\_\_
2. Have you submitted proof of your Continuing Education Hours received during the two years prior to this request? (40 CEU's required with 10 in Clinical MFT and 3 in Ethics)  
☐ Yes ☐ No Explain: \_\_\_\_\_
3. Have you enclosed one of the following: (1) Sworn evidence of active practice in another jurisdiction by a licensing authority during term of active practice; or (2) Evidence of 50 hours of supervision in the past two years under a Board Approved Supervisor?  
☐ Yes ☐ No
4. Have you enclosed the renewal fee of \$200.00 made payable to the ABEMFT?  
☐ Yes ☐ No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness